Region: Northeast

Site Information: Attic Correctional Services, Inc. - ACS Milwaukee Outpatient

2266 N. Prospect Avenue Milwaukee, WI 53203-0101

Site Contact Person/Title: Corie Hargrove, Clinical Supervisor

**Phone:** (414) 277-7933, ext 307 **E-Mail:** acs42@correctionalservices.org

**Billing Contact Name:** Lesley Johnson **Phone:** (608)223-0017

Is agency Medicaid certified? no Faith-based Organization: no

Minority or Disadvantaged Vendor: yes (Disadvantaged Vendor)

## **Facility Accessibility:**

## **Specializations:**

Programs for Men and Women

• Services for Persons Involved in the Criminal Justice System

• Offers Spanish language

## **Hours of Operations:**

| Monday:    | 8am-5pm* | Tuesday:                        | 8am-5pm* |
|------------|----------|---------------------------------|----------|
| Wednesday: | 8am-5pm* | Thursday:                       | 8am-5pm* |
| Friday:    | 8am-5pm* | Saturday:                       |          |
| Sunday:    |          | Emergency Contact 24 Hour Phone |          |
|            |          | Number: (414) 333-0950          |          |

# **Program Description**

### Domestic Violence Services - Survivors Group

ACS will provide domestic violence counseling for survivors of abuse using the "Journey Beyond Abuse" curriculum. The program provides support, counseling, education and advocacy for women in abusive relationships. The program utilizes a variety of therapeutic approaches including a psychodynamic model, educational model and strengths based model. The program relies on eight principles:

- 1. abuse is a learned behavior that has negative consequences for women and children;
- 2. abuse is reinforced by our society;
- 3. abuse can be passed on from generation to generation;
- 4. there is no justification for abuse;
- 5. women are not responsible for a partner's behavior, nor can they control a partner's abusive behavior;
- 6. chemical abuse and domestic violence are two separate issues that need to be addressed separately;
- 7. initially, issues of abuse need to be addressed in a setting that is separate and safe from the abusive person;

8. each woman has her own answers and timing for addressing issues related to abuse.

### Phase I

Session 1: Introduction to Group Session 2: Defining Abuse Session 3: Patterns of Abuse

Session 4: What keeps women in abusive relationships?

Session 5: Emotional Abuse Session 6: Anger about abuse

#### Phase II -

Sessions 7 – 12:Most Hurtful Incident

### Phase III

Session 13: Understanding the impact of abuse Session 14: Impact of negative messages

Session 15: Common experience of battered women

Session 16: Impact of abuse on children

Session 17: Abuse-related issues for women:

Assertiveness

Session 18: Boundaries

Session 19: Women and sexuality

Session 20: Questions about men who batter

Session 21: Common responses to abuse experiences:

Shame and guilt

Session 22: Grief and loss Session 23: Depression

Session 24: Looking Toward the Future

Self-care

Session 25: Healthy Relationships

Session 26: Evaluating new relationships

### **Phase IV**

Session 27: Closing Session

Group meets weekly for two hours. A minimum of three clients per group is required to provide services. Sessions are two hours in length and scheduled at a time not to overlap with perpetrator/batterer treatment groups.

### Domestic Violence - Perpetrators Group

Group meets weekly for two hours each group. A total of 26 sessions equals a full treatment cycle. A minimum if five clients is required for services to be provided.

Clients will be informed of the program's responsibility on issues related to confrontation on any and all victim-blaming, limited confidentiality and duty to warn.

Expectations of the client during participation in the program including:

- \* possible consequences due to non-attendance, non-participation in group, recurrence of violence or threats of violence as well as other program violations,
- \* Group Conduct
- \* Written contract for non-violent behavior.

## Cognitive Restructuring

- \* Attitude and beliefs;
- \* Identifying thinking patterns, feelings, and subsequent behaviors;
- \* Client's victimstance;
- \* Recognizing high-risk situations;
- \* Arousal cues;
- \* Assertiveness:
- \* Communication;
- Victim empathy/sensitivity;
- \* Tactics of power and control;
- \* Domestic violence laws and consequences;
- \* Personal responsibility;
- \* Issues of sexism and gender role stereotyping;
- \* Co-dependency;
- \* Drug and alcohol awareness;
- \* Effects of violence on children, families and the community.

### **Skills Training**

- \* Fair fighting;
- \* Time outs;
- \* Anger journaling;
- \* Stress reduction;
- \* Self talk
- \* Parenting/discipline
- \* Assertiveness
- \* Communication
- \* Conflict resolution;
- \* Decision making/problem solving;
- \* Expression of feelings;
- \* Systematic methods for restructuring self-defeating thought patterns;
- Relaxation for arousal control

### Relapse Plan

- \* Development of appropriate support systems;
- \* Development of written plan identifying high risk situations with strategies and techniques to eliminate violent, abusive behavior.

### Validation Plan

- \* Program will provide information on domestic violence, the treatment program, safety planning and referral resources to the partner/significant other;
- \* Program shall maintain ongoing contact with the partner/significant other during the time that the offender is in group treatment as a means of assessing victim safety and changes in offender's thinking patterns, attitudes, and behaviors;
- \* ACS has developed a number of activities which comprise the validation plan. It is our hope that by including the partner/significant other of the domestic violence group participants, ACS will be better able to encourage safety planning, referral sources, and assess victim safety and changes in client's thinking patterns, attitudes, and behaviors.
- \* At the time of the client's referral, the partner/significant other is sent an introduction letter explaining that the client has been referred to the domestic abuse program, the dates of the group, the location site, and the goals of the program. The letter also provides the names and telephone number of available resources and services to survivors within the community. In closing, the letter states that a staff person will be calling within a week to provide further information about the program and services available.

While group participants are in Week #1 session, ACS staff (via telephone) will contact the partner/significant other to talk about safety planning, referral resources, and offer an invitation to attend a meeting during week five of the group process.

\* Pre and post-testing is another feature of the group treatment services and is comprised of testing the group participants throughout the 26 week curriculum. Each participant will complete pre-tests and post-tests. Test results are compared at the end of the cycle and included in the discharge summary.

## There are four basic tests given:

- 1) Buss-Durke Hostility Test contains 66 questions and measures levels of hostility in seven areas: a. negativism (opposition to authority), b. resentment, c. indirect hostility, d. physical assaultiveness, e. suspicion/mistrust of others, f. irritability, g. verbal hostility.
- 2) Reid/Ware Impulsivity-Externalization Scale measures impulsiveness. Externalization measures the locus of control, whether internal or external. Typically, the domestic violence perpetrator shows a high degree of external locus of control.
- 3) Attitudes Towards Women Scale (ATW) measures one's rigidity in viewing women, i.e. issues of sexism and gender role stereotyping.
- 4) Novaco Scale measures one's anger level.

A progress report detailing attendance and program compliance will be provided on each client on a monthly basis. A discharge summary will be provided within ten working days of client's discharge. The summary will address reason for discharge, attendance, participation, compliance, problem areas, prognosis, and recommendations for aftercare as well as a copy of the client's relapse plan.